



## **PUBLIC RECORDS REQUEST FORM**

REQUESTED BY:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DESCRIPTION OF REQUEST:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PREFERRED DELIVERY METHOD: (PLEASE CIRCLE ONE)

MAIL      FAX      EMAIL      PICKUP      OFFICE INSPECTION

*THIS SECTION FOR PRCUA USE ONLY:*

RECEIVED BY: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

CALCULATED CHARGES, IF ANY: \_\_\_\_\_

METHOD OF PAYMENT: \_\_\_\_\_

METHOD OF DELIVERY: \_\_\_\_\_ DATE DELIVERED: \_\_\_\_\_

MANAGER'S APPROVAL: \_\_\_\_\_